

PART B - FEE(S) TRANSMITTAL

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23713 7590 03/30/2009

GREENLEE WINNER AND SULLIVAN P C
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I hereby certify that Fee(s) transmittal is being deposited with the USPTO EFS-WEB system on the date indicated below.

Laura Sedlacek	(Depositor's name)
/lauredslacek/	(Signature)
June 30, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/674,767	09/30/2003	Dean DellaPenna	87-07A	5481

TITLE OF INVENTION: TRANSGENIC PLANTS WITH TOCOPHEROL METHYLTRANSMUTASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
KALLIS, RUSSELL	1638	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Greenlee, Winner and Sullivan, P.C.
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

University and Community College System of Nevada Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 071969 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /ellenwinner/
 Typed or printed name Ellen P. Winner

Date June 30, 2009
 Registration No. 28,547

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